

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE '
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificat	ions.						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
7590 02/08/2007				· · · · · · · · · · · · · · · · · · ·			
Martin D. Moy PRTSI, Inc.	nihan		l he Sta add	Cert ereby certify that thit tes Postal Service w lressed to the Mail	lificate of Mailing or Tran is Fee(s) Transmittal is beir ith sufficient postage for fi Stop ISSUE FEE address	ismission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
P. O. Box 16446 Arlington, VA 22215			trai	ismitted to the USP	FO (571) 273-2885, on the	date indicated below. (Depositor's name)	
3			 			(Signature)	
					•	· (Date)	
APPLICATION NO.	FILING DATE	·	FIRST NAMED INVENTOR	₹	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/608,336	06/30/2003	·····	Oded Sarel		26381	8768	
ITTLE OF INVENTION: PARAMETER EVALUATION SYSTEM							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E PEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	YES	\$700	\$300	50 - 05/04/2097	MAHRED2 0000080	501407 05/08/2007 18698336	
. EXAM	INER	ART UNIT	CLASS-SUBCLASS	01 FC:250:			
CHUONG, TRUC T		2179	715-786000	02 FC:150			
 Change of corresponde CFR 1.363). 	ence address or indicatio	n of "Fee Address" (37	For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				
Change of corresp Address form PTO/SI	or agents OR, alternat	Yagents OR, alternatively, 2) the name of a single firm (having as a member a					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)			
PLEASE NOTE: Uni recordation as set fort	less an assignce is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the Tasubstitute for filing a	patent. If an assign assignment.		document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Home-Medicine (USA), Inc. Even-Yehuda, Israel							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔟 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee A check is enclo							
				dit card. Form PTO-2038 is attached. hereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 50-1407 (enclose an extra copy of this form).			
Advance Order -	# of Copies		overpayment, to Der	osii Account Numb	er 50-1407 (enclose	an extra copy of this form).	
5. Change in Entity Status (from status indicated above) \[\begin{align*}							
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req	uired) will not be accepte ates Patent and Trademark	ed from anyone other thank Office.	the applicant; a reg	istered attorney or agent; or	the assignee or other party in	
Authorized Signature	Marto	D. May	nertin	Date May	3, 2007		
Typed or printed nam	Martin D. Moy	nihan /		Registration No. 40,338			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22311-1450.							
an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22	tiality is governed by 35 d application form to the ions for reducing this buying inin 22313-1450. DO 13-1450.	5 U.S.C. 122 and 37 CFR e USPTO. Time will var- urden, should be sent to if O NOT SEND FEES OR	1.14. This collection is a y depending upon the ind he Chief Information Offi COMPLETED FORMS	estimated to take 12 lividual case. Any case, U.S. Patent and TO THIS ADDRES	minutes to complete, incluted intensity of the amount of Trademark Office, U.S. Do S. SEND TO: Commissions	ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							